

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 1/5/2008

Address: 4601 Schmidt Rd

Case #: 3F28258

Poland, IN

County: Owen

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☒ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☒ Open - No Structure
☐ Other:

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: open air
☒ Water Reactive Metal (Lithium): open air
☒ Anhydrous Ammonia: open air
☒ Hydrochloric Acid Gas Generator(s): open air
☐ Corrosive Acid: _____
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: tip

This report is to be faxed to the following agencies that serve the location:

Fire Department: Madison twp FD

Fax: Hand Delivered

Health Department: Owen Co.

Fax: (812) 829-5017

Child Protection Service: N/A

Fax: _____

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: J. Patrick

Phone (812) 332-4411

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.